

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Health Benefits Physicians Services, LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names
FKA Health Benefits Physicians' Group, LLC

3. Debtor's federal Employer Identification Number (EIN) 41-2109083

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
2923 N. California Ave., Suite 210 Chicago, IL 60618 Number, Street, City, State & ZIP Code	836 S. Arlington Heights Rd. PO Box 318 Elk Grove Village, IL 60007 P.O. Box, Number, Street, City, State & ZIP Code
Cook County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) None

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Health Benefits Physicians Services, LLC
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6211**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. *Check all that apply:*
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	<u>Health Benefits Pain Management Services LLC</u>	Relationship	<u>Affiliate</u>
District	<u>Northern District of Illinois</u>	When	<u>1/11/17</u>
		Case number, if known	_____

Debtor **Health Benefits Physicians Services, LLC** Case number (if known) _____
Name

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor

Health Benefits Physicians Services, LLC

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

X /s/ John Kim

Signature of authorized representative of debtor

John Kim

Printed name

Title **Member**

18. Signature of attorney

X /s/ Daniel A. Zazove

Signature of attorney for debtor

Date **January 11, 2017**

MM / DD / YYYY

Daniel A. Zazove

Printed name

Perkins Coie LLP - Chicago

Firm name

131 S Dearborn Street

Suite 1700

Chicago, IL 60603-5559

Number, Street, City, State & ZIP Code

Contact phone **312-324-8400**

Email address **DZazove@perkinscoie.com**

ARDC No. 3104117

Bar number and State

Debtor **Health Benefits Physicians Services, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

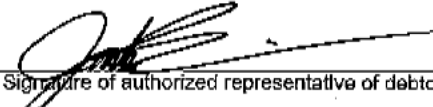
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1-10-17
MM / DD / YYYY

X 
Signature of authorized representative of debtor
Title Member

John Kim
Printed name

18. Signature of attorney

X
Signature of attorney for debtor

Date
MM / DD / YYYY

Daniel A. Zazove
Printed name

Perkins Cole LLP - Chicago
Firm name

131 S Dearborn Street
Suite 1700
Chicago, IL 60603-5559
Number, Street, City, State & ZIP Code

Contact phone **312-324-8400** Email address

ARDC No. 3104117
Bar number and State

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:)	Chapter 7
)	
HEALTH BENEFITS PAIN)	
MANAGEMENT, LLC,)	
)	
Debtor.)	
-----)		
In re:)	Chapter 7
)	
HEALTH BENEFITS PHYSICIANS)	
SERVICES LLC)	
Debtors.)	

DECLARATION OF JOHN KIM

1. Health Benefits Physicians Services LLC ("HBPS") is an Illinois limited liability company that provided pain diagnosis and management.
2. Health Benefits Pain Management, LLC ("HBPM," and together with HBPS, the "Companies") is an Illinois limited liability company that provided payroll processing for HBPS.
3. I am the sole Member of HBPM, which is itself the sole Member of HBPS. I have personal knowledge of the matters stated in this declaration.
4. HBPS has ceased providing healthcare services and neither of the Companies is currently in operation.
5. The Companies have referred their remaining patients to Midwest Anesthesia and Pain Specialists, S.C. ("MAPS") for ongoing services. Any patients that do not want to transfer to MAPS are free to go to any other medical provider. MAPS is using an office at 2923 N California Ave, Chicago, IL 60618 to see the Companies' remaining patients as well as their own patients.

7. The Companies are in the process of turning over all of their medical records to MAPS, which will be responsible for the maintenance of those records and will make those records available to current and former patients and their physicians.

8. Accordingly, there is no need to appoint an official to care for any patient or to take custody of any of the Companies' medical records.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements are true to the best of my knowledge, information and belief.

Dated: _____

1-10-17



John Kim

**HEALTH BENEFITS PAIN MANAGEMENT SERVICES, LLC
HEALTH BENEFITS PHYSICIANS SERVICES LLC**

**WRITTEN CONSENT
OF
SOLE MEMBER AND MANAGER**

As of January 10, 2017

The undersigned, constituting the sole member and manager of Health Benefits Pain Management Services, LLC, an Illinois limited liability company ("HBPM"), which is itself the sole member and manager of Health Benefits Physicians Services LLC, an Illinois limited liability company ("HBPS," and together, "the Companies") do hereby consent to and approve of the following actions, in lieu of an annual or special meeting, which actions shall have the same force and effect as if taken by a unanimous affirmative vote at a meeting duly called and held pursuant to Companies' operating agreements, and direct that this written consent to such action be filed in the records of the Company.

WHEREAS, the undersigned represents the sole Member and Manager of HBPM, which is the sole Member and Manager of HBPS;

WHEREAS, the undersigned has considered (i) the Companies' assets, liabilities and liquidity, (ii) the strategic alternatives available to the Companies in connection therewith, and (iii) the impact of the foregoing on the Companies' business; and

WHEREAS, the undersigned believe it to be advisable and in the best interests of the Companies, their creditors, members and other parties in interest for the Companies to seek relief under the provisions of Chapter 7 of Title 11 of the United States Code (the "Bankruptcy Code");

NOW, THEREFORE, BE IT:

RESOLVED, that in the judgment of the undersigned, it is desirable and in the best interests of the Companies, their creditors, members, and other parties in interest, that the appropriate Managers, Members, officers and/or directors of the Companies take any and all actions necessary to file for protection under Chapter 7 of the Bankruptcy Code;

RESOLVED FURTHER, that the Companies shall seek relief and file a petition for protection under Chapter 7 of the Bankruptcy Code (the "Bankruptcy Filings");

RESOLVED FURTHER, that (i) the engagement of the law firm of Perkins Coie LLP ("Perkins Coie") as counsel for the Companies in connection with the Companies' Bankruptcy Filings is hereby adopted and approved and (ii) the previously approved engagement of Perkins Coie as the Companies' legal counsel in connection with the potential restructuring of the Companies is hereby ratified, acknowledged and affirmed;

RESOLVED FURTHER, that each of the lawful acts of any of the Managers, Members, or such other officers of the Company, taken prior to the date hereof in connection with the transactions contemplated by the foregoing resolutions, are hereby ratified, approved, adopted, and confirmed as if each such act had been presented and approved prior to being taken;

RESOLVED FURTHER, that the undersigned hereby is authorized, empowered, and directed to certify and furnish such copies of these resolutions and such statements as to the incumbency of the Companies' Managers, Members, officers and/or directors, under seal if necessary, as may be requested, and any person receiving such certified copy is and shall be authorized to rely upon the contents thereof; and

RESOLVED FURTHER, that this consent may be executed by facsimile, telecopy or other reproduction, and such execution shall be considered valid, binding and effective for all purposes.

IN WITNESS WHEREOF, the undersigned have executed this written consent as of the date first set forth above.

Health Benefits Physicians Services LLC

By: Health Benefits Pain Management Services,
LLC, its sole Member and Manager

By:



John Kim
Sole Member and Manager

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Oak Park, IL 60302

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Chicago, IL 60603

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c/o Presence Medical Group
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Chicago, IL 60657

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Park Ridge, IL 60068

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Illinois Department of Revenue
Bankruptcy Section
PO Box 64338
Chicago, IL 60664-0338

Internal Revenue Service
Centralized Insolvency Operations
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Philadelphia, PA 19101-7346

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Cincinnati, OH 45263-4404

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Presence Health Services
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Barrington, IL 60010

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